Customer Number: 000034213 Attorney Docket No. BBC-192

## COMBINED DECLARATION FOR A PATENT APPLICATION AND POWER OF ATTORNEY

As the below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## METHODS FOR TREATING METABOLIC SYNDROME

the specificati	ion of wl	nich:		
(check one)	[X] [ ]		application Ser. Noon on(if applicable)	
•			derstand the contents of the above-identic mendment referred to above.	fied specification,
			invention was ever patented or described for more than one year prior to this appl	
		not believe that the i e year prior to this a	invention was in public use or on sale in application.	the United States of
			ation which is material to the examination Regulations, § 1.56.	n of this application in
application(s) application fo	for pate r patent	nt or inventor's certi	der Title 35, United States Code, § 119 of ficate listed below and have also identificate filed by me on the same subject have med:	ed below any foreign
NONE				Priority Claimed [ ] [ ]
(Number)		(Country)	(Day/Month/Year filed)	Yes No

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

None			
(Application Serial No.)	(Filing Date)	(Status: pending/expired)	-

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Patent application(s), or under § 365(c) of any PCT international applications designating the United States listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or international application(s) in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

None			
(Application Serial No.)	(Filing Date)	(Status: patented/pending/abandoned)	
I hereby appoint:			
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as my attorneys and agent, with full authority to prosecute this application and to transact all business before the U.S. Patent and Trademark Office connected therewith.

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telephone: (508) 688-8046 telecopier: (508) 688-8110 I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made in the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, §1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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